

## UNITED STATES DISTRICT COURT

Eastern District of California

BARTOLO MULLEN  
PlaintiffV.  
ED FOULK; TOM MORAIDA; OFFICER  
JESUS GALLEGOS; CATHERINE BLAKEMORE;  
MICHELLE MUDGETT; & SUSAN KESSLER.

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

CV 07-150  
RMW (PR)I, BARTOLO MULLEN declare that I am the (check appropriate box) petitioner/plaintiff/movant  other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No," go to Part 2)If "Yes," state the place of your incarceration NAPA STATE HOSPITAL (NSH)Are you employed at the NSH NO Do you receive any payment from the NSH, 12.50 monthly.

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?  Yes  No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 9/96)

INDECENT PATIENTS RECEIVE 12.50 PER MONTH. I AM INDECENT. THEREFORE, I RECEIVE 12.50 PER MONTH AND THIS WILL CONTINUE AS LONG AS I AM INDECENT.

4. Do you have **any** cash or checking or savings accounts?  Yes  No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. **NONE.**

I declare under penalty of perjury that the above information is true and correct.

12-6-01

Date

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

1  
2 Case Number: \_\_\_\_\_  
3  
4  
5  
6  
7

8 CERTIFICATE OF FUNDS  
9 IN  
10 PRISONER'S ACCOUNT  
11

12 I certify that attached hereto is a true and correct copy of the prisoner's trust account  
13 statement showing transactions of Bartolo Mullen for the last six months at  
14 [prisoner name]  
15 Napa State Hospital where (s)he is confined.  
16 [name of institution]

17 I further certify that the average deposits each month to this prisoner's account for the most  
18 recent 6-month period were \$ 12.50 and the average balance in the prisoner's account  
19 each month for the most recent 6-month period was \$ 12.50.

20  
21 Dated: 11/6/07

 Laura Harris Supv. Trust Officer

22 [Authorized officer of the institution]  
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